



IAP04Rec'd PCT 19 AUG 2008 PCT

PTO/SB/21 (08-08)

Approved for use through 08/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|----------------------|------------------------|-----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/566,496 | |
| | Filing Date | January 31, 2006 | |
| | First Named Inventor | Gilbert Gorr | |
| | Art Unit | 1645 | |
| | Examiner Name | | |
| Total Number of Pages in This Submission | 4 | Attorney Docket Number | GRNO-05U1 |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm Name | Biotech Beach Law Group PC | |
| Signature | | |
| Printed name | Raymond Wagenknecht | |
| Date | Aug 14, 2008 | Reg. No. 50,948 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
|---|---------------------|-------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | |
| Signature | | |
| Typed or printed name | Raymond Wagenknecht | Date Aug 14, 2008 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number

10/566,496

Filing Date

January 31, 2006

First Named Inventor

Gilbert Gorr

Art Unit

1645

Examiner Name

Attorney Docket Number

GRNO-05U1

ENCLOSURES (Check all that apply)

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/
Incomplete ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional ApplicationPower of Attorney, Revocation
Change of Correspondence Address

Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____

☐ Landscape Table on CD

After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Biotech Beach Law Group PC

Signature

Printed name

Raymond Wagenknecht

Date

Aug 14, 2008

Reg. No.

50,948

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Raymond Wagenknecht

Date

Aug 14, 2008

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PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 0.00**Complete if Known**

Application Number 10/566,496

Filing Date January 31, 2006

First Named Inventor Gilbert Gorr

Examiner Name

Art Unit 1645

Attorney Docket No. GRNO-05U1

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 504352 Deposit Account Name: Biotech Beach Law

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

210

105

Multiple dependent claims

370

185

Total Claims**Extra Claims**

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims**

Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets**Extra Sheets**

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent) 50,948

Telephone 619-238-1179

Name (Print/Type)

Raymond Wagenknecht

Date

Aug 14, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-07)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number 10/566,496

Filing Date January 31, 2006

First Named Inventor Gilbert Gorr

Examiner Name

Art Unit 1645

Attorney Docket No. GRNO-05U1

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 504352 Deposit Account Name: Biotech Beach Law

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)****Multiple Dependent Claims**

- 20 or HP = x =

Fee (\$) **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge):

SUBMITTED BY

Signature

Registration No. 50,948
(Attorney/Agent)

Telephone 619-238-1179

Name (Print/Type) Raymond Wagenknecht

Date Aug 14, 2008

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Patent

Attorney Docket No: GRNO-05U1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)
)
Gilbert Gorr)
) Examiner: to be determined
)
Application Number:)
10/566,496) Art Unit: 1645
)
Filed: January 31, 2006)
)
For: UTILISATION OF CONSTRUCTS)
COMPRISING RECOMBINATION)
SEQUENCE MOTIFS FOR)
FOR ENHANCING GENE)
EXPRESSION IN MOSS)
)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Change in Power of Attorney

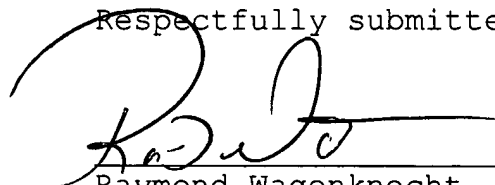
Sir:

Attached please find the Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address executed by the sole inventor for the above-identified U.S. patent application.

Accordingly, please forward all future correspondence for the above-identified patent application to **Customer Number 59538**: Biotech Beach Law Group PC, 625 Broadway, Ste. 1210, San Diego, CA 92101, USA.

August 14, 2008
Date

Respectfully submitted,



Raymond Wagenknecht
Reg. No. 50,948
Tele: 1-619-238-1179



Patent
Attorney Docket No: GRNO-05U1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|--------------------------------|---|----------------------------|
| In re application of: |) | |
| |) | |
| Gilbert Gorr |) | |
| |) | Examiner: to be determined |
| Application Number: |) | |
| 10/566,496 |) | Art Unit: 1645 |
| Filed: January 31, 2006 |) | |
| For: UTILISATION OF CONSTRUCTS |) | |
| COMPRISING RECOMBINATION |) | |
| SEQUENCE MOTIFS FOR |) | |
| FOR ENHANCING GENE |) | |
| EXPRESSION IN MOSS |) | |

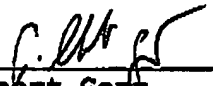
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**REVOCATION OF POWER OF ATTORNEY WITH
APPOINTMENT OF NEW POWER OF ATTORNEY AND
CHANGE OF CORRESPONDENCE ADDRESS**

1. I, the undersigned, am the sole inventor for the above-referenced U.S. patent application.

2. I hereby revoke all previous powers of attorney given in the above-identified application and appoint the practitioners associated with CUSTOMER NUMBER 59538 in the name of Biotech Beach Law Group PC as attorneys of record to prosecute the above-identified application and to conduct all business before the United States Patent and Trademark Office in connection therewith.

3. Please change the correspondence address for the above-identified application to the address associated with CUSTOMER NUMBER 59538 in the name of Biotech Beach Law Group PC.



Gilbert Gort

12 - August - 2008
Date

Im Mohnacker 26
79112 Freiburg
GERMANY

Telephone no.: INSERT TELEPHONE NUMBER

+49 761 470 890